M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08458

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ridge
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) MARY (Last) BEAL
4. DATE OF DEATH (Month) 8 (Day) 31 (Year) 1950
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 7-4-1895
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Sewell
14. MOTHER'S MAIDEN NAME Mary Hawkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Peter J. Beal - Ridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of uterus	3 years
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 48b	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1948, to Aug. 31, 1950, that I last saw the deceased alive on Aug. 31, 1950, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE P J Bean MD (Degree or title) ADDRESS Quest Mills Md DATE SIGNED Sept 2/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-4-50
NAME OF CEMETERY OR CREMATORY St. Peters Cem.
LOCATION (City, town, or county) (State) Ridge, Md.

DATE REC'D BY LOCAL REG. 9-2-50
REGISTRAR'S SIGNATURE P J Bean MD
24. FUNERAL DIRECTOR J. B. Robinson, Leonardtown Md. ADDRESS

RECEIVED
SEP 6 1950
U.S. FISH AND WILDLIFE SERVICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08459

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Bernard (Last) Bean

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Feb 22-1938

9. AGE last birthday: 12 yrs. If under 1 year: Months 5 Days 30; If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School child

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: J. Leo Bean

14. MOTHER'S MAIDEN NAME: Helen J. Redman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no; (If year, give war or dates of service) no

16. SOCIAL SECURITY No. —

17. INFORMANT AND ADDRESS: J. Leo Bean

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

195X

Immediate cause (a) Carcinoma right adrenal gland — Interval Between Onset and Death: 8 months

Antecedent cause(s)

550

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 20/50

19b. MAJOR FINDINGS OF OPERATION: Carcinoma right adrenal gland

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Aug 20, 1950, that I last saw the deceased alive on Aug 18, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): P J Bean MD — ADDRESS: Great Mills, Md — DATE SIGNED: Aug 20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 22-1950 — NAME OF CEMETERY OR CREMATORY: St Georges — LOCATION (City, town, or county) (State): Valley Lee St Marys Md

DATE REC'D BY LOCAL REG.: Aug 20/50 — REGISTRAR'S SIGNATURE: P J Bean MD

24. FUNERAL DIRECTOR — ADDRESS: Jos C. Mattingly Leonardtown Md

RECEIVED
AUG 24 1950
BUREAU V. S.

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08460

Reg. Dist. No. 782

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE	STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) ROBERT ALEXANDER CLARKE	4. DATE OF DEATH (Month) (Day) (Year) AUG 27 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	WIDOWED	DEC. 20 1870	79 yrs.	9	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
LUMBERMAN	SAWMILL	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
King CLARKE	REBECCA GREENWELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	NONE	MRS. FRED SCHMALGEMEYER 5607 TREMORE RD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
334X Immediate cause	(a) Apoplexy Cerebral	2 Hrs
83 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterial Sclerosis	4 or 5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-27, 1950, to 8-27, 1950, that I last saw the deceased alive on 8-27, 1950, and that death occurred at 10.40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
F. F. Greenwell MD	Leonardtown Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	Aug 30-1950	St Aloysius	Leonardtown St Marys Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 28-1950	F. A. Camalier M.D.	JOS. C. MATTINGLEY	LEONARDTOWN

98809

RECEIVED
AUG 29 1950
BUREAU V. S.

Evidence for addition of #18 as shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 127 SEP 5 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 282

8461

1. PLACE OF DEATH COUNTY: St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Marys City — LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Marys City
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nora	Ellen	Hopewell	8/22		1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	colored	married	7/29/1909	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jerrry M. Green	Cecila Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	—	none	John Hopewell, St. Marys City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
904.9 Immediate cause	(a) Pulmonary embolus	immediate
Antecedent cause(s)		
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture of left & ankle c̄	3 weeks.
	(c) Thrombophlebitis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

due to a fall (9/1/50 akc)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
none	—	—	[illegible]	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While at Work ☐	HOW DID INJURY OCCUR?
none m.		none

22. I hereby certify that I attended the deceased from Dead when seen, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible]	Dave M.D.	Lexington Park, Md.	8/23/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/25/50	St. Peters Cem.	Ridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/24/50	Camalier	P.B. Robinson, Leonardtown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
AUG 28 1950
BUREAU F. I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 287

1. PLACE OF DEATH
COUNTY: ST. MARYS — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ABELLS (RURAL) — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ABELLS (RURAL)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	WILLIAM	HUSEMAN	Aug.	24	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	Feb. 13-1890	60 yrs.	6	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
WATERMAN	FOR SELF	MARYLAND St Marys	U.S

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM HUSEMAN	Jane Bundick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
YES WWII	220-12-3529	HARRY HUSEMAN. CALIFORNIA, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Primary Carcinoma lung	May 1949.
162X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 478	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/50	inoperable Carcinoma lung:	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1949, to Aug, 1950, that I last saw the deceased alive on Aug 23, 1950, and that death occurred at 7:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Aloysius C. Welch M.D.	Chaptico Md	St. Mary's Co. 8/26/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 27-1950	Sacred Heart	Bush Wood St Mary's Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-28-1950	H. A. Carmichael M.D.	Jos. C. MATTINGLEY LEONARDTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 29 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

08463

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH
COUNTY: St. Marys
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Killian (Middle) (Last) Laschalt Sr.

4. DATE OF DEATH: (Month) 8 (Day) 30 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/26/1870

9. AGE last birthday: 79 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmowner

11. BIRTHPLACE (State or foreign country): Viana, Austre

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Louis Laschalt

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Killian Laschalt Jr. Loveville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cardiac Dilation	8/30/50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis, General arteriosclerosis	?
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 8/10, 1950, to 8/30, 1950, that I last saw the deceased alive on 8/29, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) **ADDRESS** **DATE SIGNED**: Alapius C. Welch M.D. Chaptico Md 8/30/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | **DATE**: 9/1/50 | **NAME OF CEMETERY OR CREMATORY**: St. Joseph | **LOCATION** (City, town, or county) (State): Morganza, Md.

DATE REC'D BY LOCAL REG.: 8/31/50 | **REGISTRAR'S SIGNATURE**: Camalier

24. FUNERAL DIRECTOR **ADDRESS**: P.B. Robinson Leonardtown, Md.

00010

RECEIVED
SEP 1 1950
BUREAU V. S

Evidence for change of informant's name shown on Film G127 8/28/50 dm. Marriage Record.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

8464

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abell
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Dorsey
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence	Junior	Lusk	8	19	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	12/19/1916	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance	State of Md.	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Armstead Lusk	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	212-18-7798	Vivian E. ~~Dorsey~~ Lusk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to Drowning	immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

8508 172

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Carroll Creek	Abell	St. Mary's	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
8	19	50	? p. m.			Fell into water from boat.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	Laurel Park, Md.	8/20/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/23/50	Medowridge Memorial	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/50	J. A. Camalier	Wm. J. Tickner	Baltimore, Md.

E.M.

33698

RECEIVED
AUG 23 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08465

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NAS, Patuxent River, Md.; LENGTH OF STAY (in this place) 4 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Naval Dispensary, NAS, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River, Maryland; STREET ADDRESS (If rural, give location) Naval Air Station

3. NAME OF DECEASED (Type or Print): (First) PRATER, ~~Infant Girl~~ (Middle) (Last) Lucretia

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-1-50

9. AGE last birthday: yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours 4; Min. 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY: –

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Esau PRATER

14. MOTHER'S MAIDEN NAME: Ollie SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service): –

16. SOCIAL SECURITY NO.: --

17. INFORMANT AND ADDRESS: Father, Esau PRATER, NAS, Patuxent River Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Birth injury of Brain	7 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Maternal Bandl's Contraction, Ring of Uterus	7½ hrs.
	(c)	

760.0
1600

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –

19b. MAJOR FINDINGS OF OPERATION: –

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): –; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): –; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-1, 1950, to 8-1, 1950, that I last saw the deceased alive on 8-1, 1950, and that death occurred at 1:40 p.m., from the causes and on the date stated above.

SIGNATURE: D M Shook
D. M. SHOOK, LTJG MC USN (Degree or title)
ADDRESS: Dispensary, USNAS, Patuxent River, Md.
DATE SIGNED: 8-2-50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE THEREOF: 8-2-50; NAME OF CEMETERY OR CREMATORY: Ft. Wm. Lee Crematory; LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 8/2/50; REGISTRAR'S SIGNATURE: Carmalee

24. FUNERAL DIRECTOR: P.B. Robinson; ADDRESS: Leonardtown, Md.

2-0-8-01-0-202-40-7

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AUG 4 1950
BUREAU V. S

08466

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:

County: ST. MARY'S

City or town: RIVER SPRINGS
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 84 YRS

Hospital, institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MARYLAND County: ST MARY'S

City or town: RIVER SPRINGS
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME ALICE RUSSELL

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	W

6.(b) Name of husband or wife: Edward Russell

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): June 30 - 1866

8. AGE: Years	Months	Days	If less than one day
84	1	27	hrs. min.

9. Birthplace: River Springs St Mary's Md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Andrew J. Cheveldine
13. Birthplace: St Mary's Co

MOTHER
14. Maiden name: Ann M. Morgan
15. Birthplace: St Mary's Co

16. Informant: Lester Russell
Address: Ave Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 28 1950 (month) (day) (year)

Cemetery or crematory: Sacard Heart

Location: Beech Wood Md

18. Funeral director: Jos C. Mattingley
Address: Leonardtown Md

19. 8-26- 1950 F. A. Lamaille M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 26 AUGUST 1950, at 6 45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JAN 1948, to AUG 1950 and that I last saw her alive on AUG 25 1950

Immediate cause of death: Cerebro Vascular Hemorrhage — DURATION: 3 d.

Due to: Hypertensive cardiovascular disease

Due to: Arteriosclerosis

Other conditions: 443X

93d
(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J Roy Guyther, MD
M. D. or other

Address: Mechanicsville Date signed: 8/26/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 29 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08467

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN (RURAL)
LENGTH OF STAY (in this place): 1 HOUR
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: ST. MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LEONARDTOWN
STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) [illegible] (Last) RUSSELL

4. DATE OF DEATH: (Month) AUG (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: OCT 2 1911

9. AGE last birthday: 38 yrs. If under 1 year: Months 10; If under 24 hrs.: Days 23, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: TENANT

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: JAMES RUSSELL

14. MOTHER'S MAIDEN NAME: ANN FORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: SPALDING RUSSELL (BROTHER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

322.2 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: indefinite

90a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 weeks.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY: none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? no injury

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Leonardtown, Md. DATE SIGNED: 8/26/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: AUG 28, 1950
NAME OF CEMETERY OR CREMATORY: ST. ANDREWS
LOCATION (City, town, or county) (State): LEONARDTOWN, MD.

DATE REC'D BY LOCAL REG.: AUG 27 50
REGISTRAR'S SIGNATURE: F. C. Camalier M.D.
24. FUNERAL DIRECTOR: THOS. C. MATTINGLEY ADDRESS: LEONARDTOWN, MD.

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BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

08468

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 23

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Inigoes; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) MARY (Last) TAYLOR

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5-30-1890

9. AGE last birthday: 60 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Carter

14. MOTHER'S MAIDEN NAME: Catherine Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no.

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Helen C. Clinton, St. Inigoes Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X Immediate cause (a) Intestinal Obstruction — Interval Between Onset and Death: 1 week

Antecedent cause(s)

46.2 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma - Colon — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950 to Aug 6, 1950, that I last saw the deceased alive on Aug 6, 1950, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Patrick M D — ADDRESS 7 Coral Place. Leonardtown Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 10, 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Zion | LOCATION (City, town, or county) (State): St. Inigoes, Md.

DATE REC'D BY LOCAL REG. 8/9/50 | REGISTRAR'S SIGNATURE: Canalist

24. FUNERAL DIRECTOR: E. B. Robinson — ADDRESS: Leonardtown, Md.

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BUREAU

08469

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY ST. MARYS MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
LENGTH OF STAY (in this place) 12 HRS
HOSPITAL OR ~~INSTITUTION~~ OR STREET ADDRESS ST. MARYS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE NORTH CAROLINA COUNTY DAVIDSON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN THOMASVILLE (RURAL)
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) DOWD (Last) UPCHURCH

4. DATE OF DEATH (Month) AUG (Day) 26 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH MAR. 11 1886
9. AGE last birthday 64 yrs. If under 1 year Months 5 Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY CIVIL SERVICE
11. BIRTHPLACE (State or foreign country) NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME JOHN WILLIAM UPCHURCH
14. MOTHER'S MAIDEN NAME ELDORA WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 241-20-3812
17. INFORMANT JOHN T. UPCHURCH.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Spontaneous cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 day

331 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis

830 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [signature] (Degree or title) [signature] ADDRESS Lexington Park, Md. DATE SIGNED 8/26/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF AUG 30 1950
NAME OF CEMETERY OR CREMATORY OAKDALE
LOCATION (City, town, or county) WILMINGTON (State) N. CAROLINA

DATE REC'D BY LOCAL REG. Aug 26. 1950
REGISTRAR'S SIGNATURE F. A. Chandler M.D.
24. FUNERAL DIRECTOR JOS. C. MATTINGLEY. LEONARDTOWN ADDRESS

30897 MX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 29 1950
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08470

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH- COUNTY: St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place): 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wynne
HOSPITAL OR INSTITUTION OR STREET ADDRESS: St. Marys	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) DOLIE	(Last) WOOD	4. DATE OF DEATH	(Month) 8 (Day) 12 (Year) 1950
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 10/19/1868	9. AGE last birthday: 81 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman	10b. KIND OF BUSINESS OR INDUSTRY: Sea Food	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY: U S		
13. FATHER'S NAME: James W. Wood	14. MOTHER'S MAIDEN NAME: Susan Hayward				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS: Charles Wood, ST.Marys City, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	3 days
331X Antecedent cause(s)		
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General arteriosclerosis	10 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Valvular heart disease	5 years

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1942, to Aug 12, 1950, that I last saw the deceased alive on Aug 11, 1950, and that death occurred at 3.30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P J Bean	Md	Great Mills Md	8/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/14/50	NAME OF CEMETERY OR ~~CREMATORY~~: St. Michaels Um.	LOCATION (City, town, or county) (State): Ridge Md.
DATE REC'D BY LOCAL REG.: 8-13-50	REGISTRAR'S SIGNATURE: P J Bean, MD.	24. FUNERAL DIRECTOR: P. B. Robinson,	ADDRESS: Leonardtown Md.

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